

was studded with numerous excrescences varying in diameter from a few lines to an inch and a half, the smaller ones being spherical, the larger ones flattened and slightly concave upon their upper surface; they were of a pinkish colour, and the peritoneum surrounding them was considerably injected, though nowhere exhibiting evidence of inflammatory action either recent or old. The larger of these growths were seated near the umbilicus and beneath the hypogastrium, the smaller were scattered over the rest of the anterior peritoneal surface, none of these being found as far posteriorly as the iliac fossæ. The omental and visceral peritoneum was perfectly healthy and free from any of these growths, except that from the lower surface of the transverse colon was attached a pediculated pyriform cyst of the size of a goose egg, containing a thick gelatinoid transparent fluid. There was not the slightest evidence of disease in any of the other abdominal or thoracic viscera; no trace of tubercular deposit.

Upon examining these peritoneal growths they were found to consist of sacs, with fibrous walls about two lines in thickness, apparently a mere thickening of the serous membrane, within which was a creamy fluid, that proved under the microscope to be softened tubercle. The microscopic examination of the degenerated tissues of the ovary, oviduct and cornu of the uterus, proved it to be the result of tubercular softening.

I have carefully searched, and can nowhere find mention made of similar tumours to those found upon the peritoneum, nor in fact any reference to the occurrence of growth from the serous lining of the abdominal walls; tubercular tumours from the visceral peritoneum, however, being mentioned by several authors.

*April 22. Stricture of the Pylorus and Hemorrhagic Erosion of the Gastric Mucous Membrane.*—Dr. JOHN ASHHURST, Jr., presented and read the following communication from J. Campbell Shorb, Assist. Surgeon U. S. Army, Benicia Arsenal, California:—

A case, singular and complicated enough to demand a detailed history of its progress and termination, occurred a few weeks since in the U. S. Hospital under my charge, at Benicia Barracks, California.

George Steinburgh, a native of New York, a farmer by occupation, a private soldier of Company C, 4th Infantry, California Volunteers, aged twenty-four years, was admitted into the hospital on Nov. 13, 1862.

He made, in substance, the following statement in regard to his illness: Up to a very recent period his health had been excellent; but his stomach had suddenly grown irritable, and rejected almost everything he ate. This condition had lasted almost a month. His appetite was variable; often it was insatiable, sometimes entirely wanting; but whether he ate much or little, the same result was certain to follow, vomiting at a period varying from half an hour to two hours after his meals. His habits were strictly temperate, and always had been so. His physical appearance did not denote the existence of any grave disease. He was fleshy, but a little pale, and very dark beneath the eyes. His pulse was somewhat feeble, in all other respects natural. His tongue was moist and covered with a thin white fur, becoming somewhat yellowish at its base. His gums were pale, and, on pressure, bled easily. He was troubled with a slight headache almost constantly, and a mild fever, setting in toward sunset, which terminated generally about 9 P. M. in a slight sweat. He had daily an operation from his bowels, but it was scanty and clay coloured. He had no pain whatsoever over the epigastrium, except during the few moments immediately preceding

an attack of vomiting; even then it was more a sense of uneasiness or oppression than actual pain. There was no tenderness evinced on pressure during the whole course of his sickness, until three or four days immediately before his death.

The first plan of treatment was as follows: the case was supposed to be one of great irritability of the stomach, caused by congestion of its mucous surfaces, the result of a sluggish condition of the portal capillaries; and a purgative dose of hydrarg. chlor. mit. was ordered to be taken at once to arouse the portal capillaries, followed by two grains of blue mass, every night to render this action persistent. This treatment was continued for several days, but no improvement was manifested in any one respect. In fact, the irritability had markedly increased; and there was every reason to believe the medicine acted kindly, for the stools, though still small, had assumed a healthy natural colour. Abandoning the idea that the symptoms were due to the condition described, I imagined they might originate in some functional disorder of the spinal column, or other centres from which nervous supply is furnished the stomach. He was blistered behind the ears, cupped and blistered on either side of the spine, at a point corresponding to the celiac axis, or position of the semilunar ganglia, but no good result followed.

It did not seem probable that the irritation was dependent on any particular article of diet, for solid or fluid, digestible or indigestible substances gave rise to the same phenomena. However, a strict diet was directed and persevered in for some days, the result being as unsatisfactory as ever.

The case was then treated as one of perforating ulcer of the stomach; though many doubts arose in reference to the question whether the existence of such a condition would be attended with the peculiar symptoms found in the present case. There was no circumscribed pain; no tenderness on pressure; no sign of blood in vomiting, up to this period. The matter ejected from the stomach was food partially digested, mucous secretions, at times quantities of a glairy fluid or a liquid resembling saliva.

Bismuthi subnitras and argenti nitras were administered according to the following formula: R.—Bismuthi subnitras ℥ij; argenti nitras gr. x; extract. glycyrrh. pulv. gr. v; acaciæ gum. mucil. q. s. Misce et fiat massa in pilulas No. x dividenda. Sig.—One pill every four hours.

This prescription was continued for four or five days, but the man grew steadily worse. The history of the case precluded the probability of its being chronic gastritis or a subacute variety of that disease. However, I directed a large blister to be placed over the epigastrium, hoping that some benefit might result from its action; issuing, at the same time, strict orders in reference to his diet, and giving him alternately small doses of creasote and chloroform in water.

A new and fearful symptom, at this stage, was added to the rest; viz., hemorrhage from the stomach. The blood was ejected by active vomiting at first. Large quantities of very black and thickly clotted blood were thrown up at gradually decreasing intervals. I tried opium and lead, ergot and kino, tannin and iron, severally and in combination; but, far from checking, they did not seem to lessen the discharge. It now came up by a species of regurgitation; out of his nostrils, out of his mouth, in one unceasing flow. He weakened rapidly; a series of fainting spells came on, terminating at last in a mortal syncope. He died at 3 o'clock A. M., on Dec. 13, forty-eight hours after the first appearance of the hemorrhage, and thirty days from his admission into the hospital.

*Autopsy made nine hours after death.*—The body was of snowy whiteness and but little emaciated. Rigor mortis was well marked. The brain was not examined. The heart was healthy; also the lungs, except at the summit of the lung where there was a slight adhesion, the result seemingly of an attack of pleuritis in early life. The liver was natural in size and consistence, though paler than it ordinarily is. The spleen was healthy; its capsule flaccid, and its parenchyma of proper colour and consistence.

The stomach, when first exposed to view, resembled a section of the transverse colon, or a small sack with thin semi-transparent walls containing an inky liquid. It was much diminished in size, and wonderfully so in thickness. On opening the organ I found a condition different from anything I had ever seen, and answering only to a disease described by Rokitsky [*Pathological Anatomy*, Syd. Soc. Translation, vol. ii. p. 34], and denominated "Hemorrhagic erosion of the gastric mucous membrane."

The first great sign of disease evinced on inspection was the wonderful loss of substance. The whole organ emptied of its liquid contents did not weigh over one ounce and a half, probably less than one-third of the weight of an ordinary adult stomach.

A coagulum, brown in some places, growing black towards the pylorus, covered the whole internal parietes. This, removed with the finger-nail or scalpel, revealed immense numbers of small round spots of various sizes, the largest corresponding to the diameter of swan shot, and the smallest to the diameter of clover seed, increasing in number from left to right until within half an inch of the pylorus, they appeared in thickly set clusters leaving no interstices between them. Some of these, apparently, were entirely denuded of mucous membrane; while others and the greater number were still covered by the membrane, but it was much diseased, being dark red, and so soft that it broke from the forceps, and, squeezed between the fingers, became pulpy. Careful examination was made for ulcers, and three or four were found. These were for the most part quite superficial, but one seemed to have eaten through the membrane, having for its base either the submucous cellular tissue, or the muscular structure itself. Underlying the lesser curvature, midway between the cardiac and pyloric orifices, there was a bright red circular spot an inch and a half in diameter, where the mucous membrane, though seemingly congested within one degree of hemorrhage, was evidently more healthy than in any other portion.

At the pylorus, there was found an impermeable stricture; and it was this condition I believe that gave rise to the whole series of morbid processes that eventuated in death. There was a cadaveric contraction of the muscular fibres encircling this outlet, but the condition found was altogether different from that contraction; not even admitting a small sized probe. Most careful examination was made for signs of previous ulceration, but no cicatrices could be discovered.

The stricture had been gradually growing worse all the time, and for days before death had effectually and absolutely cut off all communication between the stomach and duodenum. Immediately under the mucous membrane covering this sphincter, there was an effusion of a yellow liquid, resembling bilious matter, and in quantity certainly not over half a fluid drachm. No sign of even the beginning of malignant disease could be discovered; in fact examination failed to reveal anything that could clear up the mysterious cause of this morbid condition.

In the progress of the case, it was remarked that no bilious matter was ejected from the stomach; now the reason appeared obvious; the commu-

nication was cut off between the duodenum and the stomach; and it seems singular that this fact alone did not lead to the suspicion that there was some functional or organic disorder of the pylorus.

The erosion of the gastric mucous membrane can scarcely be deemed in this case an idiopathic affection. The low condition of the system caused by the pylorus preventing an egress of nutritive material from the stomach, powerfully predisposed to the production of the disease; and then the wear and tear of the stomach in the ceaseless agonies of vomiting, must have kept the organ constantly in a state of congestion bordering on hemorrhage; a condition of things which if continued must always result in serious organic mischief, and ultimately sap the foundations of life.

*May 2. Phthisical Vomica in Base of Right Lung.*—Dr. JOHN ASHHURST, Jr., reported the following case:—

J. L. F., aged 50, a seaman, admitted to the Pennsylvania Hospital on January 27th, 1862. The diagnosis made was phthisis, but at no time during life was an abscess suspected, probably from attention not having latterly been directed to the base of the lung. He died on the 21st of May from colliquative diarrhœa, and an autopsy was made 7½ hours after death. A very large abscess was found in the mediastinal space communicating by a narrow passage with another in the lower lobe of the right lung. Several patches of tubercle with commencing softening were found in the upper portions of both lungs.

In the liver were several accumulations of puriform liquid, which, however, under the microscope, showed no pus cells whatever.

There was no communication from the liver to the mediastinal abscess.

The pericardium was completely adherent. The heart itself presented no evidence of disease.

The large intestine was very much ulcerated, but was not found to contain any tuberculous deposit.

The other organs which were examined appeared normal.

*Case of Acute Poisoning by Alcohol.*—Dr. JOHN ASHHURST, Jr., exhibited the brain of the patient, and read the following account of the case:—

Julia H., aged about three years, was admitted into the Pennsylvania Hospital about twenty minutes past ten on the evening of Sunday, May 25th.

Dr. Joseph Shippen, who was called to the case before its admission, has courteously furnished me with the following particulars.

The child had been given by her mother, who was herself excessively intoxicated, two teacupfuls, I suppose about half a pint, of whiskey; two physicians had been sent for, but had successively resigned the case as hopeless without any effort, and Dr. Shippen was therefore the third practitioner who had seen the child. He found it cold, almost pulseless, and in a state bordering on complete collapse. He instantly administered thirty minims of the aromatic spirit of ammonia with a teaspoonful of the fluid extract of valerian, with the effect of rousing the patient and causing a profuse emesis. He also plunged the child up to the breast in a hot bath and retained it there until the capillary circulation of the skin became more active, as indicated by a general redness of the surface. When vomiting took place, along with the contents of the stomach was brought up a large quantity of frothy mucus expelled from the air passages.

When admitted to the hospital, although partially reacted, the child's